

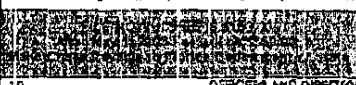
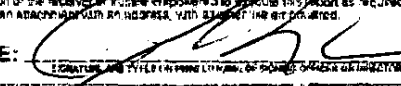
FROM :

PHONE NO. :

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0800076494			
1. Entity Name CREATIVE HANG UPS AND DESIGNS, INC.			
Principal Place of Business 1534 N. STATE ROAD 7 COCONUT CREEK, FL 33073		Mailing Address 6504 N. STATE ROAD 7 COCONUT CREEK, FL 33073	
2. Principal Place of Business		3. Mailing Address	
City & State		City & State	
ZIP		Country	
4. FCI Number 65-0869073		5. Certificate of Status Expires ☐ \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, RICK 1534 N. STATE RD. 7 COCONUT CREEK, FL 33073		7. Name and Address of Next Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL ZIP Code	
8. The above named entity warrants the statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agents.			
SIGNATURE		DATE	
			
9. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Return	
10. OFFICERS AND DIRECTORS			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied herein is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 10 or Block 11. I changed, or on an attachment within an address, with signature line as indicated.			
SIGNATURE:  DATE: 4/24/03			
SIGNATURE AND TITLE IN PRINT OF SECRETARY OF STATE			

11040011

☐ CHECK HERE IF MAKING CHANGESA. FCI Number
65-0869073TABLED FOR
(NOT ADDITIONAL)B. Certificate of Status Expires
☐ \$5.75 Additional Fee Required

7. Name and Address of Next Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

(NOTE: Registered Agent Signature is required when reporting)

DATE

9. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Return

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	WILLIAMS, RICK
STREET ADDRESS	6504 NORTH STATE RD. 7
CITY-STATE-ZIP	COCONUT CREEK, FL 33073
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied herein is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 10 or Block 11. I changed, or on an attachment within an address, with signature line as indicated.

SIGNATURE:

SIGNATURE AND TITLE IN PRINT OF SECRETARY OF STATE

Casting Printed